

April 30, 1999

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Center: Patient Initials: Rand Number: Form
completed by:

Complete this form whenever the W05, W07/W07s or W08 will not be completed for a visit.

1. Missed visit: **Q_VISIT**☐ 01 1 month☐ 03 3 month☐ 06 6 month☐ 12 12 month☐ 18 18 month☐ 24 24 month☐ 30 30 month☐ 36 36 month

2. Will any of the following forms be completed? (answer a. through c.)

a. Y₁ N₃ W05

deleted

b. Y₁ N₃ W07 / W07s

deleted

c. Y₁ N₃ W08

deleted

3. Was the visit missed because of an outcome (for example, a hospitalization)?

(if Yes, complete form W09, the Outcomes form.)

 Y₁ N₃

deleted

4. Will the patient receive or be sent the WAVE study medication for this visit?

(if No, you may need to complete form W06, change of medications form.)

 Y₁ N₃**Q_VISMED**

5. Is the patient expected to come to future visits?

 Y₁ N₃**Q_VISFUT**

6. If information is available regarding the reason why the visit was missed, please specify.

deleted